

**DECLARATION AND POWER OF ATTORNEY**

Atty. Dkt. No.: 9896-000053/NP

**DECLARATION**

As a below named inventor, I hereby declare that:

My residence, mailing address and citizenship are as stated below next to my name,

I believe that I am the original and first inventor or inventors of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**TUBERCULOSIS VACCINES INCLUDING RECOMBINANT BCG STRAINS  
EXPRESSING ALANINE DEHYDROGENASE, SERINE DEHYDRATASE AND/OR  
GLUTAMINE SYNTHETASE**

the specification of which (check one)

- ☐ is attached hereto.  
or  
☒ was filed on April 16, 2003 as Application Serial No. or PCT  
International Application No. PCT/CA03/00566 and was amended  
on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. §§ 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN APPLICATION(S)				
APPN. SERIAL NO.	COUNTRY	DATE FILED (MM/DD/YYYY)	PRIORITY CLAIM	
			Yes	No
60/372,450	US	April 16, 2002	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

## **DECLARATION AND POWER OF ATTORNEY**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

### **POWER OF ATTORNEY**

I hereby appoint each practitioner at Customer No. 27572 of Harness, Dickey & Pierce, P.L.C., my attorney with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

### **CORRESPONDENCE ADDRESS**

I request the Patent and Trademark Office to direct all correspondence and telephone calls relative to this application to Customer No. 27572, Harness, Dickey & Pierce, P.L.C., P. O. Box 828, Bloomfield Hills, Michigan 48303 (248) 641-1600.

**DECLARATION AND POWER OF ATTORNEY****Full name of sole or first inventor:** Jun Liu**Inventor's signature:** Jun Liu**Date:** Dec 27, 2004

**Residence:** Faculty of Medicine, University of Toronto, Dept. Medical Genetics and Microbiology, Medical Sciences Building, 1 King's College Circle, Rm. 4382, Toronto, Ontario M5S 1A 8

**Citizenship:** Canada**Mailing Address:** the same as the residence**Full name of second joint inventor, if any:** Jeffrey Chen**Inventor's signature:** Jeffrey Chen (on behalf of Jeffrey Chen)**Date:** Dec 27, 2004 I have the power of attorney from Jeffrey Chen

**Residence:** Faculty of Medicine, University of Toronto, Dept. Medical Genetics and Microbiology, Medical Sciences Building, 1 King's College Circle, Rm. 4382, Toronto, Ontario M5S 1A 8

**Citizenship:** Canada**Mailing Address:** the same as the residence**Full name of third joint inventor, if any:** David Alexander**Inventor's signature:** David Alexander (on behalf of David Alexander)**Date:** Dec 27, 2004 I have the power of attorney from David Alexander

**Residence:** Faculty of Medicine, University of Toronto, Dept. Medical Genetics and Microbiology, Medical Sciences Building, 1 King's College Circle, Rm. 4382, Toronto, Ontario M5S 1A 8

**Citizenship:** Canada**Mailing Address:** the same as the residence**Full name of fourth joint inventor, if any:****Inventor's signature:** \_\_\_\_\_**Date:** \_\_\_\_\_**Residence:****Citizenship:****Mailing Address:**